POWER OF ATTORNEY TO PROSECUTE APPLICATIONS REFORE THE USPTO

| POWEROFA | ATTORNET TO FR | OSEC | OILA | TEIOATION | 0 000 | O.L. 1112 | | | |
|--|---------------------------|------------------------|----------|-----------|-------|-----------|------------------------|--|--|
| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | | | |
| I hereby appoint: | | | | | | 7 | | | |
| | ociated with the Customer | | 69781 | | | | | | |
| OR | | L | | | | J | | | |
| Practitioner(s) named below (if more then ten practitioners are to be named, then a customer number must be used): | | | | | | | | | |
| Name | | Registration Number | | ٨ | Name | | Registration Number | | |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment open undersigned according to the USPTO assignment records or assignment open to the USPTO assignment records or assignment open. | | | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | | | |
| - And a series of the series o | | | | | | | | | |
| The address associated with Customer | | 69781 | | | | | | | |
| OR | | | | |] | | | | |
| Firm or Individual Name | | | | | | | | | |
| Address | | | | | | | | | |
| City | | | State | | | Zip | | | |
| Country | | | | | | | | | |
| Telephone | | | Email | | | | | | |
| Assignee Name and | Address: | | | | | | | | |
| HILL-ROM SERVICES, INC. | | | | | | | | | |
| 300 Delaware Avenue, Suite 530 Wilmington, Delaware 19801 | | | | | | | | | |
| • | | | | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/95 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may | | | | | | | | | |
| required to be filed in each application in which this form is used. The statement under 37 or \$3.500 may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to | | | | | | | | | |

act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | | | |
|--|---------------------|-----------|----------------|--|--|--|--|--|--|
| | | | | | | | | | |
| Signature | Malima. Merrison | Date | 16 Apri/2007 | | | | | | |
| Name | William A. Morrison | Telephone | (812)-934-8649 | | | | | | |
| Title | Assistant Secretary | | | | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benealt by the public which is to file (and by the USPTO by process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to asked a finitiate to complete, including galantier, preparing, and examining the completed deplication from the USPTO. The wall very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chef Information Officer, U.S. Petant and Tradentiers Officer, U.S. Department of Commence, P.C. Bot ASO, Alexandria, V.S. 25311+400. D. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.